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CONFIRMATION NO. 4606

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|---|---|-------------------------------|---|---------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/919,202  | <b>FILING OR 371(c) DATE</b><br>07/31/2001<br><b>RULE</b>   | <b>CLASS</b><br>606           | <b>GROUP ART UNIT</b><br>3763   | <b>ATTORNEY DOCKET NO.</b><br>1-15207 |                                |
| <b>APPLICANTS</b><br>James J. Huttner, Sylvania, OH;  |   |                               |   |                                       |                                |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/221,906 07/31/2000<br>and claims benefit of 60/259,788 01/04/2001  |   |                               |   |                                       |                                |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |                                       |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 09/08/2001</b>  |   |                               |   |                                       |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>OH | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>53             | <b>INDEPENDENT CLAIMS</b><br>6 |
| <b>ADDRESS</b><br>Donald A. Schurr<br>Marshall & Melhorn, LLC<br>8th Floor<br>Four SeaGate<br>Toledo ,OH 43604  |   |                               |   |                                       |                                |
| <b>TITLE</b><br>METHOD FOR CONTROLLING THE PAIN FROM INJECTIONS OR MINOR SURGICAL PROCEDURES AND APPARATUS FOR USE THEREWITH  |   |                               |   |                                       |                                |
| <b>FILING FEE RECEIVED</b><br>1072  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                       |                                |